**Quality Assurance Detail Sheet**

**Prior to IEP Meeting**

**This portion of the IEP Checklist is being completed by the case manager 1 school day prior to the IEP**

**Initial Each Line**

1.\_\_\_\_\_\_\_Spell Check has been used for each PLAAFP Section and throughout the IEP

2.\_\_\_\_\_\_\_**PLAAFP** sections have been completed for each necessary area – *N/A is not used for any section*

* Eligibility IEP: PLAAFP required for Educational, Communication, Cognitive, Social/Emotional, and Physical/Health; all other areas are optional. Dates on each page are assessment dates. Annuals: Report for all disabilities documented on Annual IEP PLAAFP

3.\_\_\_\_\_\_\_**PLAAFP** Check for quality of reports to ensure that content is appropriate and includes necessary components:

* Observation
* Assessment &Evaluation/Body of Evidence Data (ie. SIT, Targeted assessment, CBM, etc.)
* Assessment & Evaluation/Body of Evidence Interpretations –identification of strengths and needs
* Recommendations

4. \_\_\_\_\_\_**IEP Services/LRE** The time and services documented match documented needs (\*if Initial or Change of Disability meeting, this will then be determined at the IEP meeting after disability checklists, then quality checked afterward).

5. \_\_\_\_\_\_**Goal/Objectives pages/Progress Reports** Goals have been written using the matrix and each goal is measurable, all expired goals must be closed out using the Progress Report pages in Encore

6.\_\_\_\_\_\_ **ESY page** If ESY is marked “YES”, ensure the Extended School Year (ESY) dates are correctly documented

* Dates of ESY are June 10, 2011 thru July 8, 2011. ESY services time typically totals 20 hours per week
* Documentation of regression/recoupment is described within the ESY page

7.\_\_\_\_\_\_ CSAP accommodations are documented (make sure to project for the future year)

8.\_\_\_\_ \_ If CSAP A has been marked “YES” ensure that CDE CSAP A guidelines have been completed in appropriate content area(s) and student has been identified with a significant cognitive disability

9.\_\_\_\_\_\_**Transfer IEP** Regardless if IEP is accepted or not accepted, the IEP from the prior District is attached and will be sent to 900 Grant Street with other required pages within 5 school days. If out of district IEP is not accepted, an IEP is scheduled

***Individual assuming responsibility for Quality Assurance PRIOR to the IEP Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**(Case Manager Signature)**

**After the IEP Meeting Quality Assurance**

1.\_\_\_\_\_\_\_This section of the IEP Checklist and the reverse side is being completed by someone OTHER THAN the case manager

2.\_\_\_\_\_\_\_**Participants of Meeting**-Check that the required participants were at the meeting and have signed next to their typed name(entire signature – no initials) Participants must include but not limited to:

o Parent/ Guardian o Special Education Director/Designee (mandated!)

o General Educator (mandated!) o Related service providers and interpreter if necessary

o Special Educator or SLP (mandated!)

3.\_\_\_\_\_\_**Components/Details** The IEP times and services match what is described in the LRE page

* Components: The “Anticipated End Date” is 07-01-2011 and primary provider is indicated
* Details: Service providers and services are documented (matching the LRE page)

4.\_\_\_\_\_\_**Medicaid Reimbursement** Signed consent form has been obtained and is ready to be sent to 900 Grant St. with this form

5.\_\_\_\_\_\_The IEP is locked and the parents have received a copy of the IEP at the conclusion of the IEP meeting. If not, an additional meeting has been rescheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not to exceed 10 school days and documented on the Additional IEP Information page) to provide the family with their finalized copy of the IEP

**Eligibility Reviews ONLY**

1.\_\_\_\_\_\_\_**Disability Checklists** have been created and completed accurately for each suspected/documented disability

2.\_\_\_\_\_\_\_**SLD Disability Checklist** (if applicable) has been completed and the handwritten and initialed form is sent to 900 Grant Street along with original signature pages. This information has been typed into the SLD Checklist in Encore

3.\_\_\_\_\_\_\_**IEP Services/LRE page** Primary Disability is documented on LRE page (must match one of the Disability Checklist pages)

4. \_\_\_\_\_ \_**IEP Services/LRE** The time and services documented match documented needs (\*unless Initial or Change of Disability meeting, then this will be determined at the IEP meeting after disability checklists, then quality checked afterward)

**Initial IEPs ONLY**

1.\_\_\_\_\_\_\_Parent has signed consent for his/her child to receive special education services (if student qualifies)

**Manifestation Determination ONLY**

1.\_\_\_\_\_\_\_ **Manifestation Determination** is documented on Special Request. ALL original Signature pages and original Manifestation Determination forms are sent to 900 Grant Street immediately following the meeting

***Individual assuming responsibility for Quality Assurance AFTER the IEP Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**(Signature of someone other than case manager)**